

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: Agency(ies) Charge No(s): <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="margin-top: 10px;"> <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC </div> <div style="margin-top: 10px;"> 410-2021-01761 </div> </div>	
_____ and EEOC <i>State or local Agency, if any</i>			
Name (indicate Mr., Ms., Mrs.) MS. ANGELA ROBINSON		Home Phone	Year of Birth 1961
Street Address		City, State and ZIP Code	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name PIEDMONT HENRY HOSPITAL		No. Employees, Members 201 - 500	Phone No. (678) 604-1000
Street Address		City, State and ZIP Code	
1163 EAGLES LANDING, STOCKBRIDGE, GA 30281			
Name		No. Employees, Members	Phone No.
Street Address		City, State and ZIP Code	
DISCRIMINATION BASED ON (Check appropriate box(es).)			
<input type="checkbox"/> RACE		<input type="checkbox"/> COLOR	
<input type="checkbox"/> SEX		<input type="checkbox"/> RELIGION	
<input type="checkbox"/> NATIONAL ORIGIN		<input type="checkbox"/> RETALIATION	
<input checked="" type="checkbox"/> AGE		<input checked="" type="checkbox"/> DISABILITY	
<input type="checkbox"/> OTHER (Specify)		<input type="checkbox"/> GENETIC INFORMATION	
DATE(S) DISCRIMINATION TOOK PLACE Earliest 09-29-2020		Latest 01-04-2021	
<input type="checkbox"/> CONTINUING ACTION		THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):	
<p>I was hired by the above-named employer as a Phlebotomist on March 13, 2013. My most recent position was Lab Assistant. On September 29, 2020, my Doctor informed Latosha Hicks, Senior Talent Consultant Specialist, about my medical condition, and informed her that I could no longer perform the essential functions of my position. Ms. Hicks told me that I would have ninety days to find another job with the hospital. From September 29, 2020 to January 4, 2021, I applied for sixteen positions which I met all qualifications. I was not hired, or even called for interviews. Through my own inquiry, I learned that the positions were filled by individuals who are significantly younger. On January 4, 2021, Ms. Hicks informed me that I was discharged.</p> <p>I was told that I was discharged because I did not find another position with the hospital.</p> <p>I believe that I have been discriminated against due to my age (59) in violation of the Age Discrimination in Employment Act of 1967, as amended. Additionally, I believe that I have</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.	
Digitally signed by Angela Robinson on 04-08-2021 05:03 PM EDT		SIGNATURE OF COMPLAINANT	
SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)		_____	

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CHARGE OF DISCRIMINATION

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Charge Presented To:

Agency(ies) Charge No(s):



FEPA



EEOC

410-2021-01761

and EEOC

State or local Agency, if any

been discriminated against in violation of the Americans with Disabilities Act of 1990, as amended.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

**Digitally signed by Angela Robinson on 04-08-2021
05:03 PM EDT**

NOTARY - *When necessary for State and Local Agency Requirements*

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)

CP Enclosure with EEOC Form 5 (11/09)

PRIVACY ACT STATEMENT: Under the Privacy Act of 1974, Pub. Law 93-579, authority to request personal data and its uses are:

- 1. FORM NUMBER/TITLE/DATE.** EEOC Form 5, Charge of Discrimination (11/09).
- 2. AUTHORITY.** 42 U.S.C. 2000e-5(b), 29 U.S.C. 211, 29 U.S.C. 626, 42 U.S.C. 12117, 42 U.S.C. 2000ff-6.
- 3. PRINCIPAL PURPOSES.** The purposes of a charge, taken on this form or otherwise reduced to writing (whether later recorded on this form or not) are, as applicable under the EEOC anti-discrimination statutes (EEOC statutes), to preserve private suit rights under the EEOC statutes, to invoke the EEOC's jurisdiction and, where dual-filing or referral arrangements exist, to begin state or local proceedings.
- 4. ROUTINE USES.** This form is used to provide facts that may establish the existence of matters covered by the EEOC statutes (and as applicable, other federal, state or local laws). Information given will be used by staff to guide its mediation and investigation efforts and, as applicable, to determine, conciliate and litigate claims of unlawful discrimination. This form may be presented to or disclosed to other federal, state or local agencies as appropriate or necessary in carrying out EEOC's functions. A copy of this charge will ordinarily be sent to the respondent organization against which the charge is made.
- 5. WHETHER DISCLOSURE IS MANDATORY; EFFECT OF NOT GIVING INFORMATION.** Charges must be reduced to writing and should identify the charging and responding parties and the actions or policies complained of. Without a written charge, EEOC will ordinarily not act on the complaint. Charges under Title VII, the ADA or GINA must be sworn to or affirmed (either by using this form or by presenting a notarized statement or unsworn declaration under penalty of perjury); charges under the ADEA should ordinarily be signed. Charges may be clarified or amplified later by amendment. It is not mandatory that this form be used to make a charge.

NOTICE OF RIGHT TO REQUEST SUBSTANTIAL WEIGHT REVIEW

Charges filed at a state or local Fair Employment Practices Agency (FEPA) that dual-files charges with EEOC will ordinarily be handled first by the FEPA. Some charges filed at EEOC may also be first handled by a FEPA under worksharing agreements. You will be told which agency will handle your charge. When the FEPA is the first to handle the charge, it will notify you of its final resolution of the matter. Then, if you wish EEOC to give Substantial Weight Review to the FEPA's final findings, you must ask us in writing to do so within 15 days of your receipt of its findings. Otherwise, we will ordinarily adopt the FEPA's finding and close our file on the charge.

NOTICE OF NON-RETALIATION REQUIREMENTS

Please **notify** EEOC or the state or local agency where you filed your charge **if retaliation is taken against you or others** who oppose discrimination or cooperate in any investigation or lawsuit concerning this charge. Under Section 704(a) of Title VII, Section 4(d) of the ADEA, Section 503(a) of the ADA and Section 207(f) of GINA, it is unlawful for an *employer* to discriminate against present or former employees or job applicants, for an *employment agency* to discriminate against anyone, or for a *union* to discriminate against its members or membership applicants, because they have opposed any practice made unlawful by the statutes, or because they have made a charge, testified, assisted, or participated in any manner in an